

Request for Forms or Handbooks

Instructions:

- Quantity Indicate quantity requested in the <u>Quantity Ordered</u> column.
- Shipping Address Type or print your GHP provider number, provider name, and address in the **FROM** box.

NOTE: We must have a **STREET ADDRESS**; UPS will not ship to a post office box.

Mail this form to: - GHP, P. O. Box 105209, Tucker, GA 30085-5209

Description	Qty Ordered
Ontical Davice Prescription	
Optical Device Prescription	
Understanding Medicaid Handbook	
Harris and Community Comings Hardback	
Home and Community Services Handbook	
Health Check (English) Brochure	
Health Check (Spanish) Brochure	
Peach Care for Kids Brochure	
reach care for Mas Brochare	
	Optical Device Prescription Understanding Medicaid Handbook Home and Community Services Handbook

F	Provider Medicaid ID Number (10-digits):	
R	Provider Name:	
О	Street Address:	
M	City, State, Zip Code:	